

STATE OF IDAHO)
)ss.
County of _____)

AFFIDAVIT TO GIVE
CREDIT FOR SUPPORT
OR TO FORGIVE SUPPORT
DEBT

_____, being first duly sworn, deposes and says;

1. That the purpose of this affidavit is to:

____ Give the paying parent credit for payments made directly to me.

____ Forgive a portion or all of the child support debt owed to me by the paying parent.

____ To correct a _____ previously filed on _____.
(Name of document) (date)

2. The Support Order in this matter is as follows:

State in which the order was issued:

Court or Agency Issuing the Support Order:

Order number:

Date order Entered:

Person Ordered to pay Support:

3. Type of Support covered in this affidavit is **(select one type of support per affidavit)**:

____ Child Support

____ Medical Support for Children

____ Spousal Support

____ Child Care

AFFIDAVIT TO GIVE CREDIT FOR SUPPORT OR TO FORGIVE SUPPORT

CALENDAR OF PAYMENTS

	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

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January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit	Year ____ Paid/Credit
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

AFFIDAVIT TO GIVE CREDIT FOR SUPPORT OR TO FORGIVE SUPPORT

1. TOTAL AMOUNT PAID DIRECTLY TO ME \$ _____
(not paid through Child Support) (total of paid/credit columns)

OR

2. TOTAL AMOUNT OF DEBT TO FORGIVE \$ _____
(total amount to forgive)

3. TOTAL AMOUNT OWED TO ME AFTER CREDIT IS GIVEN \$ _____
(balance owed to me after credit)

I hereby authorize the Department of Health and Welfare to adjust the official record of support payments to reflect credit as described above once this affidavit is processed.

I hereby certify and attest that none of the support being credited by me is debt owed to any other state, including the State of Idaho for public assistance.

I hereby certify and attest that I cannot forgive or give credit for any future amount of support that is owed to me, by the paying parent.

This information listed in this affidavit is true and correct, to the best of my knowledge. No facts or information has been withheld.

Dated this _____ day of _____, _____.

AFFIANT SIGNATURE

I, _____, a notary public, do hereby certify that on _____ day of _____, _____, personally appeared _____, who, being by me first duly sworn, declared that he/she signed the foregoing document, and that statements therein contained are true, to the best of his/her knowledge and belief.

Notary Public for Idaho
My Commission Expires:

AFFIDAVIT TO GIVE CREDIT FOR SUPPORT OR TO FORGIVE SUPPORT